CENTRAL FAX CENTER

OCT 3.1/2007 Approved for use through 07/31/2008, GMB 0681-0031 U.S. Patent and Treed emark Office; U.S. DEPARTMENT OF COMMERCE and to a collection of information unless it displays a valid OMB control number.

Request			
For	Application Number	10/517,279	
Continued Examination (RCE)	Filing Date	November 15	
Transmittal	First Named Inventor	Hiroyasu Kaw	vada
Address to: M6 RCE	Art Unit	2838	
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Examiner Name	Aaron C. Pigg	gush
·	Attorney Docket Number		
This is a Request for Continued Examination (RCE) under Request for Continued Examination (RCE) practice under 37 CFs, 1995, or to any design application.  1. Submission required under 37 CFR 1.114 Note: I	-R 1.114 does not apply to all	your by filed upentered a	men dmenta and
Submission required under 37 CFR 1.114 Note: 1 note: amendments enclosed with the RCE will be entered in the applicant does not wish to have any previously filed unent amendment(e).      Previously submitted. If a finel Office actionally be considered as a submission even file.  Consider the arguments in the Appeal 8.	a order in which they were ne- tered amendment(s) ontored, on is outstanding, any ame If this box is not checked.	applicent must request	non-entry of such
ii. Other			<del></del>
b. X Enclosed			
1. C3 American refer	<del></del>	osuro Statement (IDS	5)
ii. Affidavit(s)/Declaration(s)	iv. Other		<del></del>
2. Miscellaneous	•		
- Supposion of action on the above-identific	ied application is requeste	d under 37 CFR 1.10	)3(c) for a
period of months. (Period of s	boesse fon Itada notenedaus	i months: Fee under 37	CFR 1.17(t) required
b. Other		TOT to floor	
3. Fees The RCE fee under 37 CFR 1.17(e) is requir			· · · · · · · · · · · · · · · · · · ·
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ii. 🔀 Extension of time fee (37 CFR 1.136 a)	na 1.17)		
iii. Other	- coclosed	· · · · · · · · · · · · · · · · · · ·	
b. Check in the amount of \$	enclosed	•	
c. Payment by credit card (Form PTO-2038 e			
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commissioner for Patents		Examiner Name	Aeron C.	Piggush
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